## L23000393786

(Requestor's Name)
(Address)
(Address)
(100.000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

TO: Registration So Division of Cor				
SUBJECT:	lay and Nic	aLLC		
	Name of Lin	uted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	Jonatha	MANA of Person		
	Jay and	A Nia LL C		
	1414 hold	den Avenue A	PD_	2023 SE SECRE
	orlando	FL 32839 City/State and Zip Code	1.114	P   8
	Riveordie )	avnio Denoi - C	om	
For further information c	concerning this matter, please c	all:		
Jonathan	Altidor of Person	at (407) 575 C	1694 clephone Number	
Enclosed is a check for t	he following amount:			
M. \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee Certificate of Sta Certified Copy (additional copy is er	itus &
Mailing Addre	<u>~:</u>	Street Address:		
Registration	Section	Registration Section Division of Corpo		
Division of C P.O. Box 631		The Centre of Tall	lahassee	
Tallahassee.	FL 32314	2415 N. Monroe S	Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Joy and Name of the Limits	d Liability Company a A Florida Lamited Liab	es it now appears on our	r.records.)		
The Articles of Organization for this Limited Lie Florida document number $L230003$	ibility Company wei	re tiled on <u>08 – (</u>	<u> 21-2023</u>	and assi	gned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liability	company here:			
The new name must be distinguishable and contain the we Enter new principal offices address, if applica (Principal office address MUST BE A STREE)	ible:	ompany," the designation	on "ELC" or the abbre	wiaterfl.t	2023 SEP 18
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE E	 <u></u>				9.
B. If amending the registered agent and/or re agent and/or the new registered office address		ress on our records.	enter the name	of the new	registered
Name of New Registered Agent: New Registered Office Address:	Jonath 1414 ho	Jan Alti Iden Ave	dor nue Ap	+D	
	orlands	City	, Florida	3283 Zip Code	<u>50</u> )

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

New Registered Agent's Signature, if changing Registered Agent:

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Jonathan Altidor	1414 holden Ave Apti	_ d√Add
		orlando FL 3283t	
	1		[] Change
MGR	Berthonia Bosse	1414 holden Ave Apt I orlando FL 32839	)_ 15/Add
		oclando FL 32839	□Remove
			Signal Si
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fective date, if other than the date is effective date is listed, the date must be space. If the date inserted in this block deturnent's effective date on the Department.	ecific and cannot be ses not meet the ap	prior to date of films oplicable statutory	g or more than 90 days a	ptional) fier filing.) Pursuant to this date will not be	5 605.0 Histed
cord specifies a delayed effective date s filed.	, but not an effecti	ve time, at 12:01:	a.m. on the earlier of	(b) The 90th day	after t
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ded 09-8-2023		<del></del> •			

Filing Fee: \$25.00